



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF LEAD LICENSING

**LEAD TRAINING NOTIFICATION**

**TRAINING PROVIDER INFORMATION**

The information on this form is required according to 19 CSR 30-70.320 (6)(K). Please complete this form and submit it to the Missouri Department of Health and Senior Services, Bureau of Lead Licensing when notifying the bureau of lead training courses. The bureau is to be notified no less than fourteen (14) calendar days prior to the training course being conducted. If the scheduled training course(s) has been changed or cancelled, the bureau is to be notified twenty-four hours prior to the scheduled training.

Mail the completed form(s) to: Missouri Department of Health and Senior Services, Bureau of Lead Licensing, P.O. Box 570, Jefferson City, MO 65102-0570

or

Fax the completed form(s) to: The Bureau of Lead Licensing (573) 526-0441

**TRAINING PROVIDER INFORMATION**

NAME OF LEAD TRAINING PROVIDER

CONTACT PERSON

**COURSE NOTIFICATION (This section is to be completed for new training courses notifications.)**

**MISSOURI ACCREDITED COURSE**

- ☐ Worker – Initial  
☐ Supervisor – Initial  
☐ Inspector – Initial  
☐ Risk Assessor – Initial  
☐ Project Designer - Initial

- ☐ Worker – Refresher  
☐ Supervisor – Refresher  
☐ Inspector – Refresher  
☐ Risk Assessor – Refresher  
☐ Project Designer - Refresher

DATE(S) OF COURSE

TIME OF COURSE

COURSE LOCATION STREET ADDRESS

CITY

STATE ZIP CODE

PRINCIPLE INSTRUCTOR

GUEST INSTRUCTOR(S) (IF ANY)

**COURSE CHANGES/CANCELLATIONS (This section is to be completed for changed or cancelled training course notifications.)**

☐ **CHANGED**

☐ **CANCELLED**

**MISSOURI ACCREDITED COURSE**

- ☐ Worker – Initial  
☐ Supervisor – Initial  
☐ Inspector – Initial  
☐ Risk Assessor – Initial  
☐ Project Designer – Initial

- ☐ Worker – Refresher  
☐ Supervisor – Refresher  
☐ Inspector – Refresher  
☐ Risk Assessor – Refresher  
☐ Project Designer - Refresher

DATE(S) OF COURSE

CHANGES (IF APPLICABLE)